
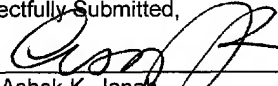


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Doan et al.	Group Art Unit: 1753
Application No: 10/799,361 Confirmation No: 6366	Examiner: Michael A. Band
Filed: March 12, 2004	Attorney Docket No: 009001 USA/AGS/SPARES/ESONG
Title: REFURBISHMENT OF SPUTTERING TARGETS	June 23, 2008 San Francisco, California

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
VIA EFS	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
<input checked="" type="checkbox"/> Amendment	<input checked="" type="checkbox"/> One Month	\$120.00	\$60.00
<input type="checkbox"/> Declaration	<input type="checkbox"/> Two Months	\$460.00	\$230.00
<input type="checkbox"/> Drawings	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00
<input type="checkbox"/> Supplemental Information Disclosure Statement	Total \$ 120.00		
<input type="checkbox"/> PTO-1449 Form	<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		
<input type="checkbox"/> Citations			
<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Postcard for Return			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	35	49	0	\$50.00	\$25.00	\$0.00
Independent Claims	5	8	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$120.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00	and/or	
Total	\$120.00	<input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$120.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-8300, or electronically filed, on the date shown below. By:  Date: <u>June 23, 2008</u>		Respectfully Submitted, By:  Date: <u>June 23, 2008</u> Ashok K. Janah Registration No. 57,487	